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CURRENT CORRESPONDENCE ADDRESS MORGAN, LEWIS & BOCKIUS LLP 2 Palo Alto Square 3000 El Camino Real, Suite 700 Palo Alto, CA 94306 1/19/2007 TTRAN2 00000055 500310 10657554					Note: A certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Certificate of Mailing I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN			ATTY'S DOCKET NO.	CONFIRMATION NO.	
10/657,554	10/657,554 09/04/2003		Lewis B. Aronson		1	060900-0197-US	3332	
TITLE OF INVENTION	System and Meth	od for Prote	cting Eye S	afety Dui	ing Operation of	f a Fiber Optic Transcei	iver	
APPLN. TYPE			ISSUE FEE		ICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Nonprovisional	Nonprovisional No		\$1400		\$300	\$1700	01/22/2007	
EXAMINER		ART UNIT CL		CLAS	S-SUB CLASS]		
Leung, Christina Y.		2613			98-137000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed THE PATENT (print or type)			1. Morgan, Lewis 2 3	s & Bockius LLP	
PLEASE NOTE: Unless an as set forth in 37 CFR 3.11.	assignee is identified below, r Completion of this form is NO	o assignee data OT a substitute (will appear of or filing an as	n the patent.	If an assignee is ide	entified below, the document h	as been filed for recordation	
(A) NAME OF ASSIGNEE: Finisar Corporation			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Sunnyvale, California					
Pleive check the appropriate	e assignee category or categori	es (will not be p	rinted on the p	patent)	Individual 🛛 co	orporation or other private gro	oup entity government	
4a. The following fee(s) are enclosed: ✓ Issue Fee			4b. Payment of Fee(s):					
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	Status (from status indicated a							
a. Applicant claims SM	ALL ENTITY status. See 37 (CFR 1.27.	⊔ b. Ap	plicant is no	longer claiming SM/	ALL ENTITY status. See 37 (CFR 1.27(g)(2).	
The Director of the USPTO is re NOTE; The Issue Fee and Publi records of the Patent and Traden	equested to apply the Issue Fee and ication Fee (if required) will not be mark Office.	Publication Fee (i	f any) or to re-a one other than t	pply any prev he applicant;	iously paid issue fee to t a registered attorney or a	he application identified above. agent; or the assignee or other party	y in interest as shown by the	
Authorized Signature _	Authorized Signature			Date: January 16, 2007				
Printed Name: Dion M. Bregman			Registration No. 45,645					
Confidentiality is governed by 3: the USPTO. Time will vary dep Chief Information Officer, U.S. I ADDRESS. SEND TO: Mail Sto	fequired by 37 CFR 1.311. The in 5 U.S.C. 122 and 37 CFR 1.14. The ending upon the individual case. A Patent and Trademark Office, U.S. op Issue Fee, Commissioner for Pana Act of 1995, no persons are required.	is collection is est iny comments on to Department of Contents, P.O. Box 14	imated to take 1: he amount of tir ommerce, P.O. E 50, Alexandria,	2 minutes to one you require sox 1450, Ale VA 223.13-14	complete, including gather to complete this form a xandria, VA 22313-1450 50	ering, preparing, and submitting the and/or suggestions for reducing this D. DO NOT SEND FEES OR COM	e completed application form to s burden, should be sent to the	